

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER F I L 7 5 7 0 0 2 4 1 7 7	
I. EPA I.D. NUMBER		US EPA RECORDS CENTER REGION 5 1002022 PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
II. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, II, V, and VI (except VJ-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES	NO	FORM ATTACHED	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES	NO	FORM ATTACHED	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES	NO	FORM ATTACHED	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES	NO	FORM ATTACHED	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY					
1 SKIP SCOTT AIR FORCE BASE					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 EVERETT, MARK, CH. ENGRG. & ENVMTL			618 256 4764		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 375 ABG/DEE					
B. CITY OR TOWN			C. STATE D. ZIP CODE		
4 SCOTT AIR FORCE BASE			IL 62225		
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 AQUA YARD & BUILDING 540					
B. COUNTY NAME					
ST CLAIR					
C. CITY OR TOWN			D. STATE E. ZIP CODE F. COUNTY CODE (if known)		
6 SCOTT AIR FORCE BASE			IL 62225		

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7	0, 7, 1, 1 (specify) National Security	7	(specify)
C. THIRD		D. FOURTH	
7	4, 5, 2, 1 (specify) Military Air Transport Service	7	(specify)

VIII. OPERATOR INFORMATION

A. NAME		B. Is this name listed in Item VIII-A also the owner?	
SCOTT AIR FORCE BASE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STREET OR P.O. BOX		D. PHONE (area code & no.)	
375 ABG / DED		618 256 4764	
E. CITY OR TOWN		F. STATE	
SCOTT AIR FORCE BASE		IL	
G. ZIP CODE		H. INDIAN LAND	
62225		Is the facility located on Indian land? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

IX. EXISTING ENVIRONMENTAL PERMITS

A. Discharge to Surface Water		B. Air Emissions from Proposed Sources	
9	IL 0026859	9	P
C. Discharge to Groundwater		D. OTHER (specify)	
9		9	78030043 (specify) Oil Fired Boilers
E. Hazardous Waste		F. OTHER (specify)	
9		9	82110050 (specify) Pathological Waste Incinerator

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the nature of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

X. NATURE OF BUSINESS (provide a brief description)

Scott AFB is the Headquarters for the Military Airlift Command and Air Force Communications Command. The 375 Aeromedical Airlift Wing is the operational flying unit based at Scott AFB. As a result, the base conducts a variety of military missions as well as conducting aircraft flights, maintenance, supply, transportation, and other base support functions.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
MARK D. EVERETT Chief, Engrg & Envmtl Planning Br	Mark D. Everett	16 Dec 85

FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	EPA I.D. NUMBER											
			F I L 7 5 7 0 0 2 4 1 7 7 1											

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
8	8 0 7 1 4		

B. REVISED APPLICATION (place an "X" below and complete Item I above)		2. FACILITY HAS A RCRA PERMIT	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C												DUP												1											
1 2												13 14 15												16 17 18											
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY																										
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)																											
X-1	S 0 2	600	G		5																														
X-2	T 0 3	20	E		6																														
1	S 0 1	1980	G		7																														
2					8																														
3					9																														
4					10																														

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

[illegible]

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

F	I	L	7	5	7	0	0	2	4	1	7	7	T/A	C
														6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	8	3	2	0	2
65	66	67	68	69	71

8	9	5	1	3	3
75	76	77	78	79	

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

15	16										

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

15	16										

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

EDWARD A. GLOWATSKI, Col, USAF
Base Commander

Edward A Glowatski

16 Dec 1985

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

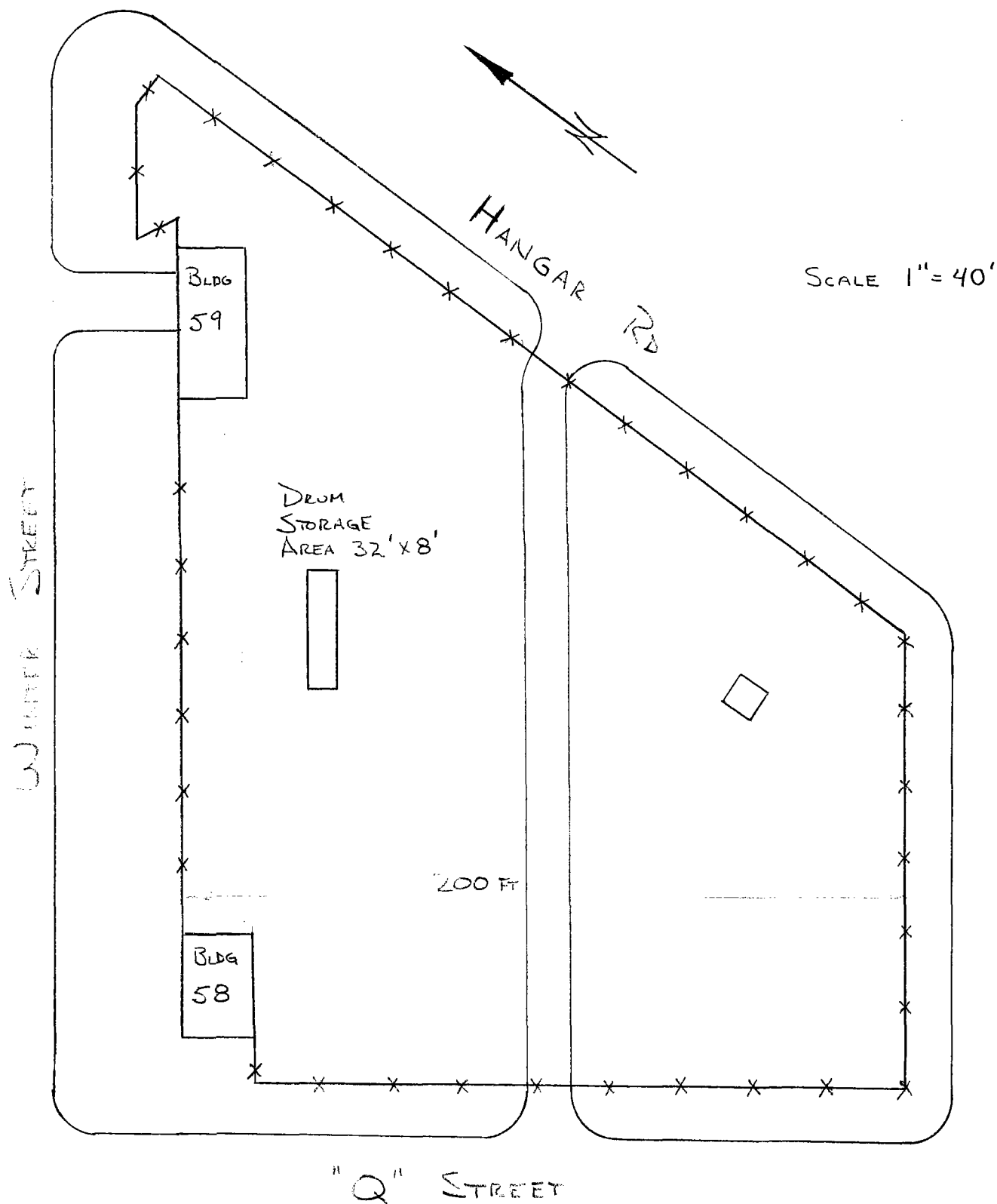
C. DATE SIGNED

FLOYD A. ASHDOWN, Col, USAF
Base Civil Engineer

Floyd A. Ashdown

16 DEC 1985

V. FACILITY DRAWING (see page 4)

AQUA YARD

FORM 1	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> IL7570024177 </div>
LABEL ITEMS <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> I. EPA I.D. NUMBER </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> III. FACILITY NAME </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> V. FACILITY MAILING ADDRESS </div> <div style="border: 1px solid black; padding: 5px;"> VI. FACILITY LOCATION </div>		IL 571824177 Scott Air Force Base 375 ABG/DEEV Scott AFB IL 62269 Building 59 & 540 (Hazardous Waste Storage)	
		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SCOTT AIR FORCE BASE
---	----------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
EVERETT MARK D. ENVMTL ENGINR	618 256 4165

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN
375 ABG/DEEV	SCOTT AFB
C. STATE	
IL	
D. ZIP CODE	
62225	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
BLDGS 59 & 540	ST CLAIR
C. CITY OR TOWN	
SCOTT AFB	
D. STATE	E. ZIP CODE
IL	62225
F. COUNTY CODE (if known)	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	9	7	1	7	4	5	2
(specify) National Security				(specify) Military Air Transport Service			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VII-A also the owner?					
8 SCOTT AIR FORCE BASE												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other" specify)												D. PHONE (area code & no.)					
F - FEDERAL				M - PUBLIC (other than federal or state)				F (specify)				A 6 1 8 2 5 6 2 0 9 2					
S - STATE				D - OTHER (specify)				Air Force Base									
P - PRIVATE																	
E. STREET OR P.O. BOX																	
3 7 5 A B G / D E E V																	
F. CITY OR TOWN												G. STATE		H. ZIP CODE		I. INDIAN LAND	
B SCOTT AIR FORCE BASE												I L		6 2 2 2 5		Is the facility located on Indian land? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
9 N I L 0 0 2 6 8 5 9												9 P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
9 U												0 3 0 2 1 4 7 4 (specify) Pathological Waste Incinerator											
C. RCRA (Hazardous Wastes)												F. OTHER (specify)											
9 R												0 8 0 3 0 0 4 3 (specify) Oil Fired Boilers and Storage Tanks											

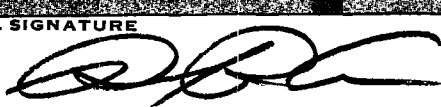
XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Scott AFB serves as the host base for the Headquarters Military Airlift Command, Air Force Communications Command, and the 375 Aeromedical Airlift Wing. As such, the base conducts a variety of military missions as well as conducting aircraft flights, maintenance, supply, transportation, and base support functions.


XIII. CERTIFICATION (see instructions)

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
ROBERT R. ARNAU, Colonel, USAF Base Civil Engineer				25 Sept 80	

XIV. COMMENTS (FOR USE ONLY)

--	--	--	--	--	--

EPA I.D. NUMBER										T/A/C		
1	4	7	5	7	0	0	2	4	1	7	7	1

FORM 3 RCRA	 EPA																				
FOR OFFICIAL USE ONLY																					
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)																				
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>23</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>29</td> </tr> </table>											23									29	
23									29												

23	24	29
----	----	----

II. FIRST OR REVISED APPLICATION

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☐ A ☐ B

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

☐ NEW FACILITY (Complete item below.)

revised application.

EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☒ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN.

YR.	MO.	DAY
80	07	14

8

15	73	74	75	76	77	78
----	----	----	----	----	----	----

(use this space for additional information)

B. REVISED APPLICATION (place an "X" below and complete Item 1 above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

72

PERMIT CAPACITIES

III. PROCESSES – CODES AND DESIGN CAPACITIES

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).
If entered in column A enter the capacity of the process.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PRO-	APPROPRIATE UNITS OF	PRO-	APPROPRIATE UNITS OF
CESS	MEASURE FOR PROCESS	CESS	MEASURE FOR PROCESS
	DESIGN CAPACITY		DESIGN CAPACITY

1. AMOUNT

2. UNIT OF MEASURE — For each amount entered in column 1, a unit of measure should be used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

(shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY										
LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT (specify)						2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	
X-1	S O 2	600						G		5										
X-2	T O 3	20						E		6										
1	S O 1	690						G		7										
2										8										
3										9										
4										10										

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S6-3

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W I L 7570024177										DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
	23	24	25	26			1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
1	F	0	0	1	528	P	S	0	1										
2	F	0	0	3	400	P	S	0	1										
3	F	0	0	5	876	P	S	0	1										
4	F	0	0	7	648	P	S	0	1										
5	F	0	0	8	50	P	S	0	1										
6	F	0	0	9	620	P	S	0	1										
7	U	1	8	8	100	P	S	0	1										
8	U	2	3	8	516	P	S	0	1										
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

9	F	I	L	7	5	7	0	0	2	4	1	7	7	T/A	C
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

3	8	3	2	0	2
65	66	67	68	69	70

LONGITUDE (degrees, minutes, & seconds)

8	9	5	1	3	3
72	73	74	75	76	77

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E														
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F														
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

 ROBERT R. ARNAU, Colonel, USAF
 Base Civil Engineer

B. SIGNATURE



C. DATE SIGNED

25 Sept 80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

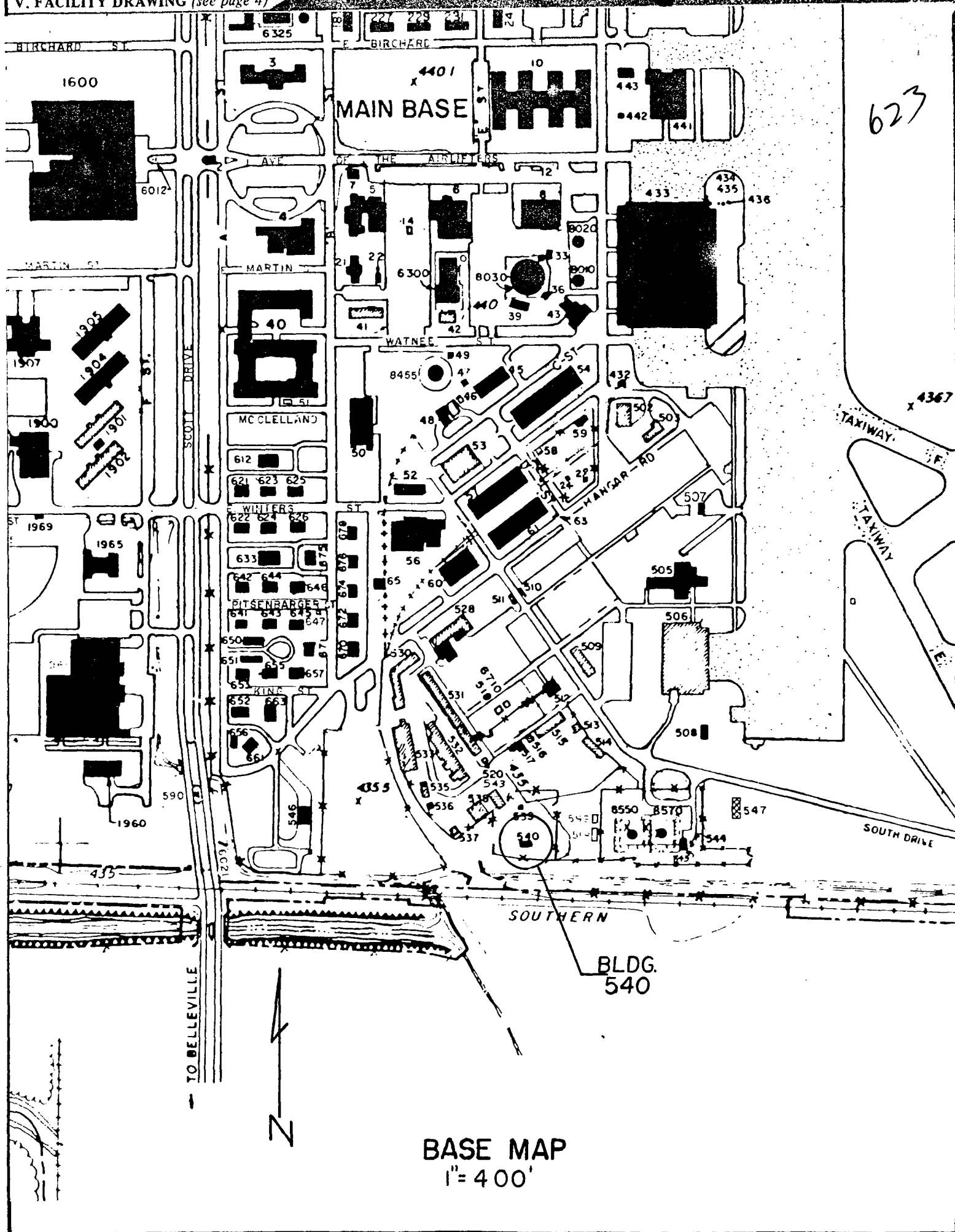
 ROBERT R. ARNAU, Colonel, USAF
 Base Civil Engineer

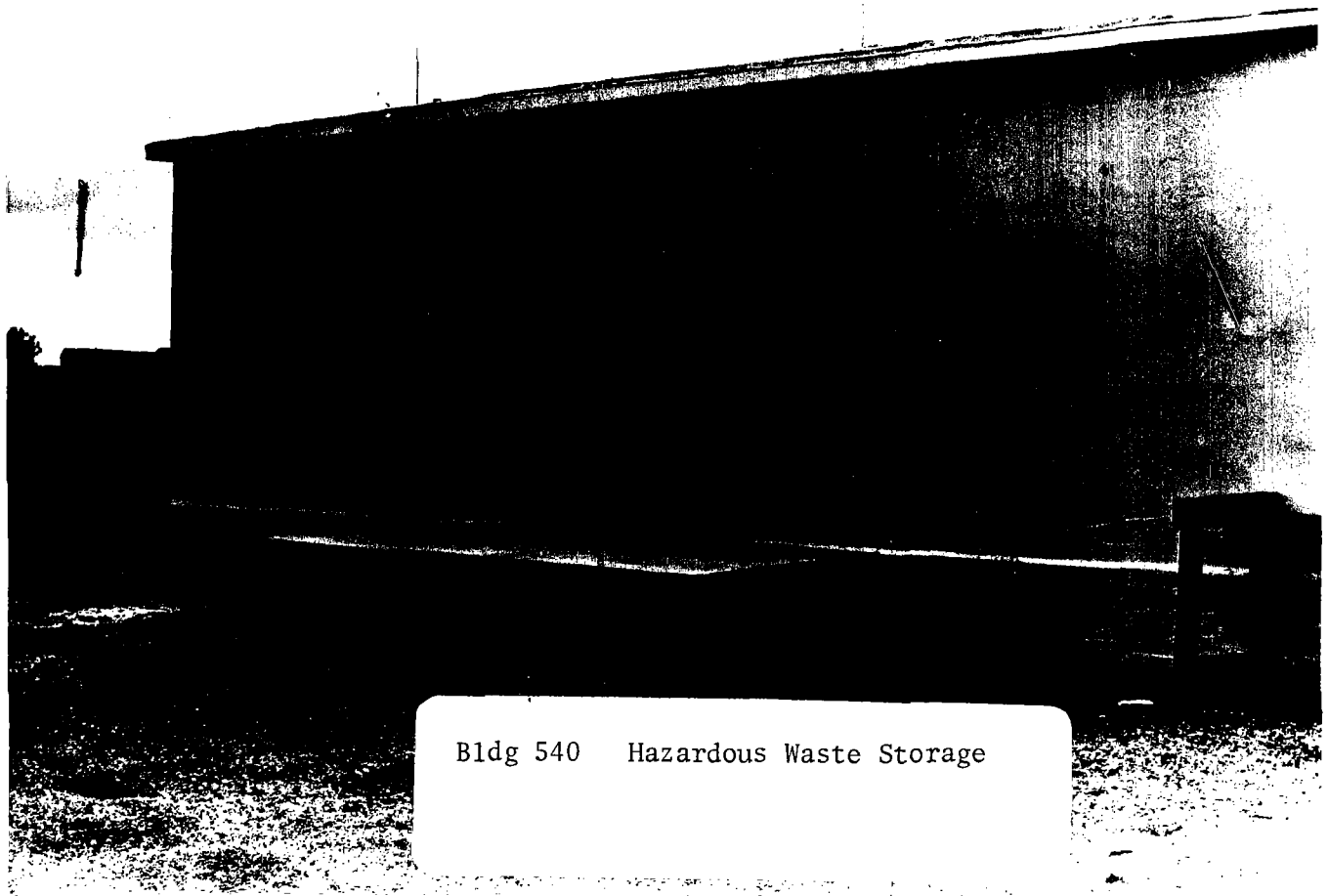
B. SIGNATURE



C. DATE SIGNED

25 Sept 80





Bldg 540 Hazardous Waste Storage

- B. Respondent(s) shall fully comply with the Consolidated Permit Regulations, 40 CFR Parts 122 and 124; and
- C. (Other conditions with which continued operation must comply); and
- D. The Part A permit application submitted by Respondent(s) on [date] shall pursuant to 40 CFR 122.22(a)(3), be accepted, as if timely filed.

Notwithstanding any other provision of this Order, an enforcement action may be brought pursuant to section 7003 of RCRA or other statutory authority where the handling, storage, treatment, transportation or disposal of Solid Waste or hazardous waste at the facility may present an imminent and substantial endangerment to human health or the environment.

ASSESSMENT OF PENALTY
(If Considered Appropriate)

In view of the above, pursuant to Section 3008(c) of the Resource Conservation and Recovery Act, 42 U.S.C. Section 6928(c), the United States Environmental Protection Agency assesses a penalty of [amount] dollars against Respondent. [State basis for amount assessed.] Payment may be made by check payable to the United States of America and remitted to [name], [address].

NOTICE OF OPPORTUNITY FOR HEARING

Each of the above named Respondent(s) is hereby notified that the above Order may become final or a default Order entered upon motion unless said person has request in writing public hearing no later than 30 days from the date this Order is served. You have the right to request a public hearing, to contest any material factual allegation set forth in the complaint or the appropriateness of any [proposed penalty and any] proposed compliance



DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 375TH AIR BASE GROUP (MAC)

SCOTT AIR FORCE BASE, ILLINOIS 62225

REPLY TO
ATTN OF:

DEEV

19 DEC 1985

SUBJECT:

Submission of Amended RCRA "Part A" Permit Application

RECEIVED

DEC 26 1985

TO

USEPA, Region V
RCRA Activities
P.O. Box A3587
Chicago, IL 60690

SWB - AIS
U.S. EPA, REGION V

1. During the RCRA inspection performed by Tom Powell (Illinois EPA, Region IV) on 8 May 85, we discovered that our existing permit did not accurately represent the process design capacity of our facility. Also, the existing permit listed the permitted storage facility as Building 59, while in fact the drum storage facility (the Aqua Yard) is located adjacent to the building and is not the building itself. We also had some wastes that were generated at the base in recent years but were excluded in the "Description of Hazardous Wastes" section of the existing permit. Finally, we found that photographs of the permitted facilities were out of date.

2. Mr Powell advised us to submit an amended "Part A" to correct these deficiencies. Enclosed for your processing is our application. If you have any questions or require additional information, please give me a call at (618)256-2092.

PAUL R. MUNNELL, 1 Lt, USAF
Environmental Coordinator

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION V

FEB 07 1986

DATE:

SUBJECT: Amendment of Part A Permit Application
Scott Air Force Base - IL7570024177

FROM: Dave Stringham, Chief
Waste Management Branch *DS*

TO: B. G. Constantelos, Director
Waste Management Division

(1) Background

Scott Air Force Base is the headquarters for the Military Airlift Command, and for the Air Force Communications Command. It has 16 types of wastes which are stored in drums. The quantity of wastes stored, however, were underestimated on the original Part A permit application.

(2) Part A Change Requested

The facility wishes to increase its container storage capacity (S01) from 690 gallons to 1980 gallons.

(3) Results of Proposed Change

This change would bring the facility into compliance with Federal regulations by giving it an accurate and up-to-date Part A permit application.

(4) Does the change constitute reconstruction, as defined by 40 CFR §270.72(e)? No.

(5) Does the facility have interim status? Yes.

(6) Recommendation

I recommend that this change be made, solely for the purpose of bringing the facility into compliance.

(7) Justification

Although container storage capacity is being increased on the facility's Part A permit application, no increase is actually taking place. Rather, the facility is correcting an error on its original application, bringing it into compliance with Federal regulations and State closure requirements.

References

A.	EPA ID number	ILD570024177
	Waste activities	Generator, TSD
B.	Part A permit application	11/19/80
	Process codes	S01
	Annual waste codes	(8 codes)
C.	Revised Part A permit application	1/19/85
	Process code	S01
	Annual waste codes	(16 codes)

515-12

Re: Revised Part A Permit Application
Scott Air Force Base
JL7570024177

We have received your revised Part A permit application, dated December 10, 1986, and have incorporated the eight additional hazardous waste codes you submitted into your application. We have also increased your container storage capacity (S01), from 600 to 1980 gallons, solely for the purpose of enabling your facility to comply with the Illinois Environmental Protection Agency's closure requirements.

Sincerely,

cc: Larry Eastep, IEPA

Logged-IN 4/3/14

5HS- INIT. DATE	F.R. 2-A. Brash: fr 1/23/85	AUTH. H2 1/23/86	IL CHIEF 1/22/85	IN. CHIEF	MI. CHIEF	MM/WT CHIEF	OH. CHIEF	TPS CHIEF	WMB CHIEF	WMD DIR
-----------------------	-----------------------------------	------------------------	------------------------	--------------	--------------	----------------	--------------	--------------	--------------	------------

FEB 07 1986

Amendment of Part A Permit Application
Scott Air Force Base - IL7570024177

Dave Stringham, Chief
Waste Management Branch

B. G. Constantelos, Director
Waste Management Division

(1) Background

Scott Air Force Base is the headquarters for the Military Airlift Command, and for the Air Force Communications Command. It has 16 types of wastes which are stored in drums. The quantity of wastes stored, however, were underestimated on the original Part A permit application.

(2) Part A Change Requested

The facility wishes to increase its container storage capacity (S01) from 600 gallons to 1000 gallons.

(3) Results of Proposed Change

This change would bring the facility into compliance with Federal regulations by giving it an accurate and up-to-date Part A permit application.

(4) Does the change constitute reconstruction, as defined by 40 CFR 5270.72(e)? No.

(5) Does the facility have interim status? Yes.

(6) Recommendation

I recommend that this change be made, solely for the purpose of bringing the facility into compliance.

(7) Justification

Although container storage capacity is being increased on the facility's Part A permit application, no increase is actually taking place. Rather, the facility is correcting an error on its original application, bringing it into compliance with Federal regulations and State closure requirements.

References

- A. EPA ID number
Waste activities
110570024177
Generator, TSD
- B. Part A permit application
Process codes
Annual waste codes
11/19/80
501
(2 codes)
- C. Revised Part A permit application
Process code
Annual waste codes
1/19/85
501
(16 codes)

*Logged in
1/3/86*

OK 1/23/86

OK 1/29/86

	EXP.	AUTH.	IL. CHIEF	IN. CHIEF	ML. CHIEF	MR./WI. CHIEF	OH. CHIEF	TPS CHIEF	WMB CHIEF	WMD DIR
INIT. DATE	<i>PR 1/23/86</i>	<i>ARB 1/23/86</i>	<i>AM 1/23/86</i>					<i>AM 1/23/86</i>	<i>OK 1/24/86</i>	



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

AUG 17 1982

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Mr. Mark D. Everett, Environmental Engineer
Scott Air Force Base
375 ABG/DEEV
Scott Air Force Base, Illinois 62269

RE: Request for Information--Hazardous Waste Permit
Review (Small Quantity Generator)
FACILITY: NAME: Scott Air Force Base
USEPA ID NO.: IL7 570 024 177

Dear Mr. Everett:

This is to acknowledge that the United States Environmental Protection Agency has completed reviewing your Part A Hazardous Waste Permit Application. Our review indicates your facility may not require a permit under §3005 of the Resource Conservation and Recovery Act; however, further clarification is needed.

Based on the information submitted, your facility appears to qualify for the small quantity generator exclusion as defined in 40 CFR Part 261.5 (enclosed). Please review these requirements to determine if your facility qualifies for the small quantity generator exclusion from November 19, 1980, to the present. If it does, a permit is not required, and you should withdraw your permit application. Please submit your determination in writing, signed and certified by an authorized person in accordance with 40 CFR Part 122.6 (enclosed), requesting that your application be withdrawn. If at any time, since November 19, 1980, your operation (1) did not qualify for the special requirements for generators, of small quantities of hazardous wastes, and (2) included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found at 40 CFR Part 265 Subpart G.

If your review indicates that a permit is required, but certain information on your application is incorrect, please submit a revised Part A with the appropriate changes to this Regional Office. If no response is received in this office within 30 days, we will assume your facility requires a permit. Accordingly, we will continue to process your application.

If you have any questions, please do not hesitate to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance. Please refer to "Request for Information--Small Quantity Generator," in all telephone contacts and correspondence on this matter.

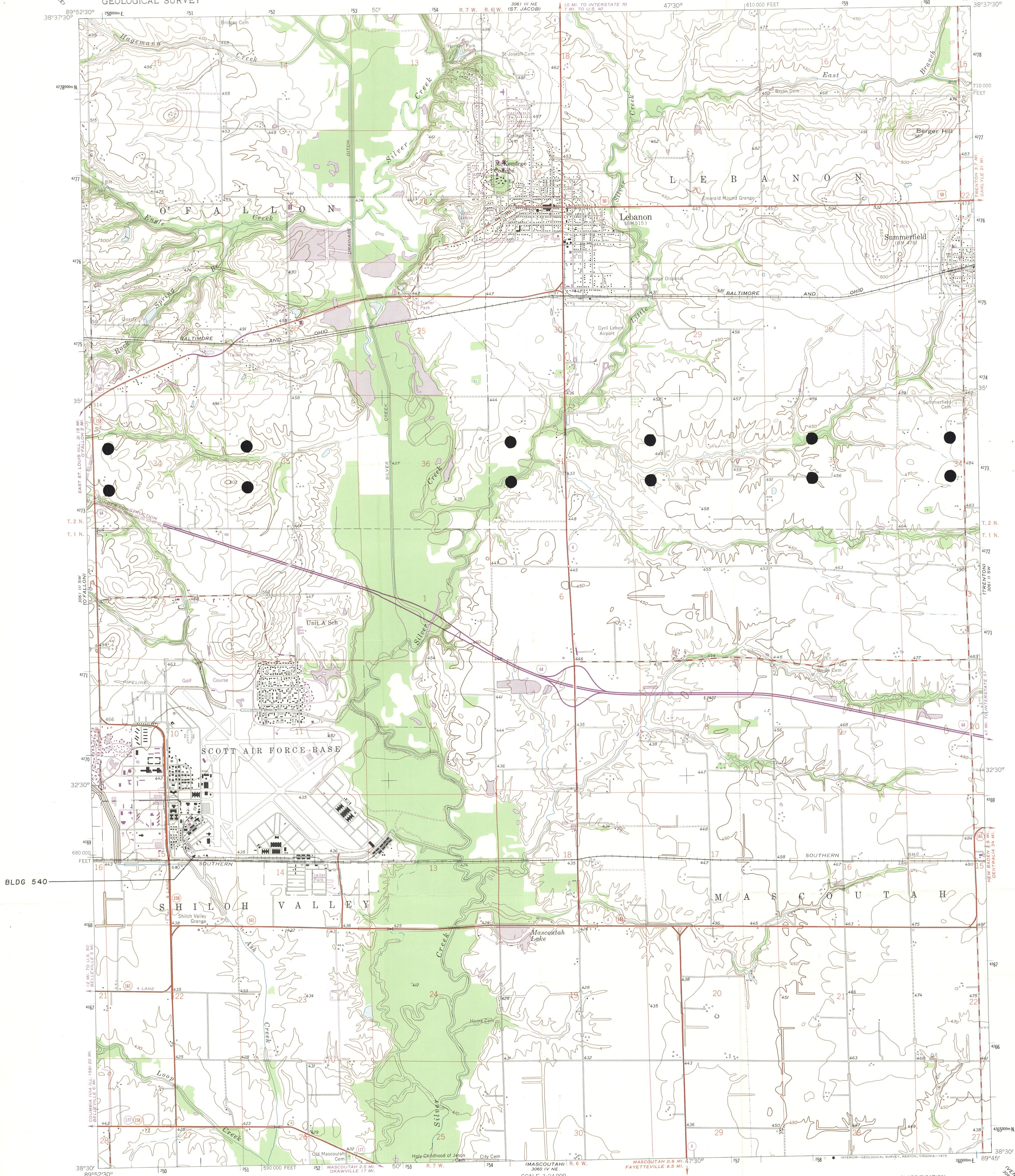
Sincerely, yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosures

cc: Colonel Robert R. Arnau, USAF

OK
EK
8/17/82

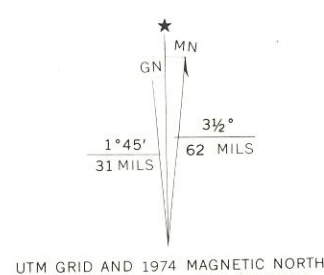


Map by the Geological Survey
Revised by the Army Map Service
Published for civil use by the Geological Survey
Control by USGS and USC&GS

Culture and drainage in part compiled from aerial photographs
taken 1946. Topography from planetable surveys by the
Geological Survey 1948. Planimetric detail revised from
aerial photographs taken 1952. Field check 1954

Polyconic projection. 1927 North American datum
10,000-foot grid based on Illinois coordinate system, west zone
1000-meter Universal Transverse Mercator grid ticks, zone 16,
shown in blue

Revisions shown in purple compiled by the Geological Survey from
aerial photographs taken 1968 and 1974
This information not field checked



THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
AND BY THE STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION
Heavy-duty ——— Light-duty ———
Medium-duty ——— Unimproved dirt ———
U. S. Route ——— State Route ———
Interstate Route ———

LEBANON, ILL.
N3830-W8945/7.5

1954
PHOTOREVISED 1968 AND 1974
AMS 3061 III SE-SERIES V863